SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 2786 / 5584 (check only one) 16 |**X**| 17a 17b 17c 17d 18 19b

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) STAN LIN Mailing Address 518 FALLEN LEAF CIRCLE		Transaction ID : SA17.202221 Date of Receipt 06 27 2015
SAN RAMON	CA 94583-4466	- CONTRIBUTION
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer STAN T. LIN, M.D.	Occupation PHYSICIAN	300.00
Receipt For: 2016 ✓ Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MRS. SUSAN C. LIN		Transaction ID : SA17.129373 Date of Receipt
Mailing Address 2605 CREEKSIDE LANE		05 19 2015
City ANACORTES	State Zip Code WA 98221-2450	CONTRIBUTION
FEC ID number of contributing federal political committee.	С	CONTRIBUTION Amount of Each Receipt this Period
Name of Employer HOMEMAKER	Occupation HOMEMAKER	150.00
Receipt For: 2016 Primary General Other (specify) ▼	Election Cycle-to-Date 250.00	
Full Name (Last, First, Middle Initial) MRS. SUSAN C. LIN		Transaction ID : SA17.65658 Date of Receipt
Mailing Address 2605 CREEKSIDE LANE		04 17 2015
City ANACORTES	State Zip Code WA 98221-2450	CONTRIBUTION
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer HOMEMAKER	Occupation HOMEMAKER	100.00
Receipt For: 2016 X Primary General Other (specify) ▼	Election Cycle-to-Date 250.00	
Subtotal Of Receipts This Page (option	nal)	. 550.00
Total This Period (last page this line pu	ımber only)	